DOCUMENT RESUME

ED 170 104 RC 011 333

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TITLE Assessment of Needs and Coping Mechanisms of Elderly Mexican Americans.
SPONS AGENCY Houston Univ., Tex. Graduate School of Social Work.; Texas State Dept. of Human Resources, Austin.
PUB DATE 77
NOTE 20p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Bilingualism; Caseworker Approach; Communication Problems; *Coping; *Delivery Systems; Demography; Family (Sociological Unit); Family Life; Health Needs; Health Personnel; *Human Services; Interviews; *Mexican Americans; *Needs Assessment; Older Adults; Physical Health; *Senior Citizens; Transportation; *Urban Population; Use Studies

ABSTRACT

In March of 1977 a survey was conducted in Austin, Texas to determine the effectiveness of the Texas Department of Human Resources (DHR) service delivery and to obtain data on the social and cultural characteristics of urban Mexican American elderly. Interviews with 163 Supplementary Security Income recipients who were 65 years or older utilized questions in six categories: demographic information, transportation and communication, bilingualism, extended family, health, and interface with public service agencies. The study showed that isolation was one of the major problems facing the elderly, with transportation especially difficult. Eighty percent of the respondents lived with spouses or alone; 29% lived with their families. There was a definite pattern of stability regarding residence. Forty-one percent had immediate relatives in their neighborhood. Almost half of the respondents suffered from high blood pressure, arthritis or rheumatism. There was a high level of awareness of such services as food stamps, Social Security, Medicaid and Medicare. Some 63% of the old people believed that governmental agencies swamp information on clients. This may indicate some people might be reluctant to request services because of that fear. The subjects receiving DHR assistance indicated satisfaction with treatment they received, although nearly half would have liked different caseworkers. (DS)

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APR 16 1979

APR - 6 1979

ED170104

Assessment of Needs and Coping Mechanisms of Elderly Mexican Americans

Austin, Texas

MAY 1979 ERIC/CAPS RECEIVED

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A Survey

by

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1977

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Chicano Elderly Survey

The Chicano Elderly Survey is the research component of the Chicano Culture Training Project, a Title XX project jointly sponsored by the Texas Department of Human Resources and the University of Houston Graduate School of Social Work. Emerging out of concern for upgrading the quality of DHR services to Mexican-Americans, this project is designed to provide training in the Chicano culture to departmental personnel. The overall purpose of the project is to enhance DHR services to Mexican-Americans through more thorough and sensitive understanding of the cultural context in which Chicanos live and of the special problems of this ethnic minority. More specifically, the training is designed to focus on those aspects of the Chicano culture which affect the interface between the service delivery system and this client group.

Directed by Dr. Andres A. Tijerina, the Chicano Culture Project consists of two components: the curriculum development research and the staff training program. The Chicano Elderly Survey is the research instrument upon which the training curriculum is based. In addition the curriculum is further developed by continuous monitoring through the integration of relevant data gained from clients and DHR caseworkers. This curriculum development design assures that the training remains relevant through constant evaluation and modification.

The Survey

This research survey was designed by Dr. Tijerina with consultation from the following social work educators:

Facundo Valdez, Asst. Prof.
New Mexico Highlands Univ.

Miguel Montiel, Asst. Prof.
School of Social Services
Administration
Arizona State University

Graciela Gonzalez, Asst. Prof.
School of Social Work
University of Texas at Austin

David Maldonado, Asst. Prof.
Graduate School of Social Work
University of Texas at Arlington

(The Survey cont.)

Guadalupe Gibson, Asst. Prof.
Worden School of Social Work
Our Lady of the Lake College

Marta Sotomayor, Asst. Dean
Graduate School of Social Work
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The objectives of the survey were stated as follows:

1) To provide factual data on the social and cultural characteristics of urban Mexican-American elderly as a foundation for DHR curriculum development.

2) To evaluate the effectiveness of DHR service delivery to urban Mexican-American clients.

3) To test comparatively the validity of three popular models of the Mexican-American culture.

Subjects:

The subjects of this survey were Mexican-American Supplementary Security Income recipients who are 65 years or older and who live in the Austin city limits. A 25% sample was taken from the Supplementary Security Income roster for October 1976. Of these, a few were also clients of the DHR Adult Social Services Program. An attempt was made to contact the entire sample which was drawn. Two attempts were made to re-contact any respondents not home on the initial visit. A number of persons could not participate in the survey, or could not be found for various reasons including the following: death, moved out of the city limits, not 65 years old, visiting out of town, or the reported address did not exist. As a result, the final number of persons surveyed was 163, less than the original 25% sample.

Data Collection:

The data was collected through interviews and recorded on a prepared questionnaire. The interviews lasted from 35 to 45 minutes and were conducted in Spanish. Interviewers returned if necessary to complete any interviews that were interrupted. All the interviews were conducted by paid interviewers who were natives of Austin and native Spanish speakers. One of the interviewers had an MSW degree and the other seven were barrio workers.

(Data Collection cont.)

Dr. Tijerina conducted an orientation for the interviewers in preparation for their work on this project. The data was collected in March 1977 over a period of three weeks.

The Questionnaire:

The questionnaire which included 147 items, was written in both English and Spanish except in instances where there were no convenient translations. The items on the questionnaire covered six categories: demographic information, transportation and communication, bilingualism, extended family, health, and interface with public service agencies.

Analysis and Interpretation of Findings:

This report consists of a summary of the initial analysis of the research findings. Since the amount of data was so large, this analysis was computed as percentages of responses to each item. The report thus accomplishes the following:

1) It provides descriptive data for all items.

2) It provides data for initial development interpretation of hypotheses.

3) It identifies items which warrant further analysis.

The findings and interpretations are discussed in each of the categories covered by the questionnaire.

Demographic Information:

Of the 163 subjects interviewed in this survey, 37% (60) were male and 63% (103) were female. This finding is consistant with national statistics which report that women have greater longevity than men. The age distribution was from 65 to over 95 years. The mode (31%) was in the 65 to 69 age category. (See Table 1)

Fifty percent (50%) of the subjects reported that they were born in Mexico. Of those remaining, 30% were born in Austin, Travis County, or an adjacent county, and 16% were born in other parts of Texas. (See Table 2) Of those born in Mexico, only 22% reported that they are not U.S. citizens. Seventy-four percent (74%) have lived in Austin for at least 17 years and 80% have lived in their present neighborhood for more than five years. These findings indicate a pattern of stability regarding residence.

(Demographic Information cont.)

Those born in Mexico settled in Austin some time ago. Only 4% came from other states and 16% came from other parts of Texas. Almost one third (1/3) were born in and around Austin and have remained here. In addition the findings support the belief that neighborhoods are important to Mexican-Americans and that there is reluctance to move from one neighborhood to another.

Not surprisingly, it was found that this group was poorly educated. It was found that 79% of the subjects had from zero to six years of education and 13% had from seven to nine years. These findings are consistent with statistics which indicate that Mexican-Americans have traditionally been one of the groups in this country receiving the least education.

With regard to marital status, 44% reported that they were widowed, 37% reported that they were presently married, 14% single, 4% divorced, and 1% separated. These data indicate that the marriages of these subjects were stable, in contrast to the popular belief that marriages are unstable among Mexican-Americans of lower socio-economic status.

The largest percentage (80%) of the respondents reported that they were Catholic. About one third (1/3) of the subjects attend church services one time per week and 26% attend one to three times per month. It is difficult to infer degree of religiousity from these data since some subjects may not attend church more regularly due to health problems or lack of transportation.

Transportation and Communication:

Of the many difficulties facing the elderly, the problem of isolation is among the most difficult. Isolation may result from lack of transportation, lack of information about the community, and lack of contact with family and friends. Besides the loneliness that isolation brings, it usually means that the elderly cannot make use of existing social services.

With regard to transportation, it was found that 48% of the subjects use the automobile as the most frequent mode of transportation. There are 43% who use either the bus, taxi, or other means and the remaining 9% do not use any. Eighteen percent (18%) reported that they have a functioning auto, but only 16% are able to drive. Of those who do not drive, 59% have someone who can drive them once per week, with this assistance provided by a relative in 61% of the cases. Overall, 49% of the subjects found transportation difficult and 6% found it impossible. These findings indicate that isolation

(Transportation and Communication cont.)

in terms of lack of transportation, is problematic for about half of the subjects. This means that these subjects are at a disadvantage in terms of making use of needed medical and social services, as well as getting out, in general.

In addition to transportation, the availibility and ability to use a telephone is important to the elderly in getting their needs met. The subjects of this survey fared better with regard to telephones than with regard to transportation. Eighty percent (80%) reported that they have telephones in their own homes. Of those who do have a telephone, 19% can use a telephone by themselves. For those who cannot 35% depend on a relative to do it for them.

The findings regarding sources of information indicate that the subjects (92%) depended on radio and TV for most of their information. (See Table 3) The reason that only 8% depend on the newspaper could result from the fact that their vision has been impaired so they can no longer read, or that they read only in Spanish and there are no Spanish newspapers available. They may prefer to depend on the TV and the radio because Spanish programming is available and that keeps them in contact with their culture.

Bilingualism:

As might be expected, the subjects have a much greater command over Spanish than over English. (See Table 4) While 93% speak Spanish with ease, only 48% can not write Spanish. This finding may be taken as one of the misfortunes resulting from poor education inasmuch as almost half of the subjects cannot write their mother language. Seventy percent (70%) of the subjects reported that they can neither speak nor read English with ease. This indicates that language is a barrier to communication with the English speaking society for many Mexican-American elderly. Those who do not speak English probably get along well in their neighborhood where Spanish is spoken, but could have great difficulty in dealing with medical and social service agencies which do not have Spanish speaking personnel.

Extended Family:

One of the strengths of the Mexican-American culture is the continued importance of the extended family. For Chicanos the family provides not only a source for group identity, but also a source for a supportive network. The findings in this survey indicate that the subjects depend on their families to

(Extended Family cont.)

help meet a wide range of needs. Thirty-four percent (34%) of the subjects reported having parented families of six or more children. (See Table 5)

While 70% of the subjects believe that it is good for grandparents to live with their offspring and their families, only 29% reported that they actually do live with their families. Another 8% live with other relatives, 25% live with their spouses and, 26% live alone. Eighty-six percent (86%) reported that they had a private bedroom for themselves or for themselves and their spouses. So, while the subjects may wish to live with relatives, they are more likely to live alone or apart from their families.

Among the traditional characteristics of extended families is, that they live in the same neighborhood, they visit one another frequently, and they help one another in crises. In this survey, it was found that 41% of the subjects had immediate relatives in the same neighborhood and 44% had made an effort to stay in the same neighborhood where relatives live. These data do not provide sufficient information from which to determine why more elderly are not living in the same neighborhoods as are their offspring. It is possible that the children of the subjects are more assimilated into the American culture and have moved into more affluent neighborhoods. This would mean that the value of living in the same neighborhood is not as strong as it once was. On the other hand, the value may still be a strong one, but external circumstances may not permit these families to live close together. For example, children may have moved to other cities in order to find employment or to take advantage of better jobs than they could find locally. These findings identify an area that warrants further research. The findings on frequency of visiting with offspring were more consistent with traditional cultural values. (See Table 6) Sixty percent (60%) visit with their offspring or their families at least once per week. It is reasonable to conclude that this is a much higher rate of visiting than in the rest of the society. This is strong evidence for the belief that Mexican-Americans continue to value family relations, particularly close contact with elderly parents.

Visiting among the subjects and their siblings was not as high as with offspring. (See Table 7) However, 53% have telephone contact with relatives once or more per week. It is possible that visiting with offspring is more frequent because the offspring come to visit the parents. It is more difficult for brothers and sisters to visit one another because of transportation and/or health problems.

(Extended Family cont.)

The value of helping among family members was strongly held among the subjects. Eighty-two percent (82%) believe that families should help one another even after marriage. Thirty-five percent (35%) reported that they had helped a family member within a year and 22% had asked for financial help within a year. While the elderly are not in a position to give financial assistance due to limited incomes, they are able to help by babysitting, taking care of the sick, and performing light housework.

Health:

One indicator of health is a person's ability to take care of his basic personal needs. The subjects in this study reported overall independence in doing basic tasks for themselves, but found it more difficult to do tasks outside of the home. (See Table 8)

Approximately three fourths (3/4) of the respondents are able to eat at the table as well as dress and bathe themselves. Approximately half are able to cook and clean house. While about half find it easy to go out of the house, shopping is easy for only about one third. Approximately one-third (1/3) find it impossible to bathe themselves; only 4% cannot dress themselves or eat at the table.

A more direct estimate of the subjects' state of health is their reported illness. (See Table 9) Twenty-seven percent of the respondents reported that they had no health problems. Almost half of the respondents suffer from high blood pressure and arthritis or rheumatism. About a fourth (1/4) suffer from heart trouble and diabetes, and less than 20% suffer from asthma, emphysema, ulcers, or other stomach problems.

Concerning vision, hearing and dentures, the subjects report having more problems with vision and poor teeth than with hearing loss. (See Table 10) Of those who are having problems in these areas, less than half are getting assistance with vision problems, 40% with dental problems, and only 10% with hearing problems. The same patterns exicst regarding obtaining assistance through public medical services. Thirty-six percent (36%) have sought services for visual problems, 23% for dental problems, and only 9% for hearing problems. The low percentages on obtaining medical attention and requesting assistance from public services may be due to poor information about available services, as well as difficulties with transportation.

When asked if they had consulted another person regarding their health, in the last six months, 67% answered that they had.

(Health cont.)

Yet of these, only 50% had consulted with a private doctor, and 11% had consulted at a clinic. Nine percent (9%) went to a family member, and 2% went to a friend. When asked how many times they had consulted a doctor for medical reasons in the last 12 months, 78% reported that they had seen a doctor at least once.

One of the characteristics of the Chicano culture is the prevalance of folk medicine which involves folk illness and medicinal herbs. The subjects gave high responses to familiarity with the folk illness but, less knowledge of where to find remedy. (See Table 11) as will illness, the subjects were aware of medicinal herbs, but were less familiar with where to find them. (See Table 12) Only 15% knew a folk healer in Austin, 43% knew a person who heals with herbs, and 29% knew a person who gives health related massages. Only 14% reported that they had consulted with a folk healer.

It is sometimes hypothesized that the reason that the Mexican-Americans do not get medical attention is that they prefer the service of folk healers. The findings are evidence that Mexican-Americans are not depending on folk healers for medical services since such low percentages knew of folk healers or had ever consulted one. On the other hand, the findings show that Mexican-American illnesses and medicinal herbs are very much a part of the culture.

Regarding psychological problems, the findings are very consistent with the traditional culture. Only 10% would send a relative to a public health counselor. The largest number, 43% would send the relative to medical doctor; only 20% would send them to a family member, and 23% would send them to a priest or minister. The fact that the largest number would go to a medical doctor is understandable since psychological problems are expressed in physical terms; i.e., trouble with nerves, problems sleeping, loss of appetite. The idea that one can get over these problems by talking them out with a mental health counselor is alien to the Chicano culture.

Interface with Public Service Agencies:

One of the concerns of social service agencies is the degree of the community's awareness of their services. The subjects reported a high level of awareness of food stamps, social security, medicaid, and medicare. The subjects were not as familiar with Meals-on-Wheels and the bus I.D. card. (See Table 14) In addition, 58% knew where the nearest food stamp office was located. Forty-one percent (41%) had been to a governmental office to conduct business.

(Interface with Public Service Agencies cont.)

These findings indicate that although less than 50% of subjects had been to a public office to request services, they are relatively familiar with existing services.

It has been hypothesized that Mexican-Americans who are illegal residents do not use social services because of fear that government agencies exchange information about clients. These persons fear that if they request assistance from DHR, the Immigration Service would be informed, and they may be investigated. The survey was designed to gain information regarding the prevalance of that belief among the subjects. The findings were that 63% believe that DHR exchanges information with Social Security, 62% believe that DHR exchanges information with IRS and, 46% believe that DHR gives information to the Immigration Service. These data inicate that even among those who are receiving services, the belief about the exchange of information is prevalent. It is possible that many others are reluctant to request services because of that fear.

Of the 163 subjects, only 33 were recipients of DHR Social Services to Aged, Blind, and Disabled (ABD). There was a set of questions for these clients which related to their satisfaction with DHR services. Of these subjects, 85% were satisfied with the treatment they had received; 75% were satisfied with the caseworker assigned to them; 76% reported that their caseworker spoke Spanish; 93% felt that their caseworker clearly understood what they had said; 85% felt that they could understand the caseworker; and 49% would change caseworkers if they were given a choice. Overall, it appears that about three fourths (3/4) of the ABD subjects are not experiencing difficulties, but for the other 24%, there is room for improvement of DHR services. Of all of the survey subjects, 12% reported that they knew of a Mexican-American who had received unfair treatment from DHR. Twenty-eight percent (28%) thought that Mexican-Americans were not understood as well by caseworkers as were Anglos. Twenty-six percent (26%) thought that Mexican-Americans were treated as well by caseworkers as were Anglo clients. These findings indicate that there is some distrust of DHR and feelings that some Mexican-Americans are not receiving equal treatment.

It should be pointed out that there is a contradiction between the 49% who admit to wanting to change caseworkers and the 85% who claim to be satisfied with their caseworkers. It is possible that although they are dissatisfied and would like to change caseworkers, they will not admit dissatisfaction for fear of reprisals should this information reach the caseworkers.

Recommendations:

1. Bilingual workers should be available to all Mexican-American clients who request them. As demonstrated by the survey, caseworkers should have the ability to relate to clients as well as to speak to them in their native tongue.

2. Caseworkers should positively inquire in definite terms regarding the specific health problems of clients. Information should be given to clients in regard to health services available for the specific health problems.

3. Clients should be thoroughly briefed on the procedures and precautions they should take in obtaining glasses, dentures, and hearing aids through government health programs. They should be told specificly to excersize care in fittings and in selection of equipment.

4. Caseworkers should note carefully the lack of any coping mechanisms of their clients. Wherever possible, caseworkers should attempt to eliminate obstacles to effective communication between client and caseworker.

5. Standard procedures should be established which would provide for caseworkers to give clients a complete understanding of services available, the caseworker's responsibility to the client, and the relationship of the Department of Human Resources to semilar social service agencies.

6. The Department of Human Resources should require all caseworkers to be familar with significant characteristics of the Mexican-American culture and heritage.

TABLE 1

Age Distribution:	
65-69	31 %
70-74	22 %
75-79	23 %
80-84	10 %
85-89	9 %
90-94	3 %
95-	2 %

TABLE 2

Birth Place:	
Austin	4 %
Travis or Adjacent County	26 %
Other Parts of Texas	16 %
Other States in U.S.	4 %
Mexico	50 %

TABLE 3

	YES	NO
Do you have a functioning radio in your home.	78%	22%
Do you have a functioning television in your home.	81%	19%
Does anyone in the household take a newspaper regualrly?	17%	83%

	Radio	TV	Newspaper
How do you receive most public information?	46 %	46 %	8 %

TABLE 4

	None	With Difficulty	With Ease
How well do you speak Spanish?	5%	2 %	93 %
How well do you read Spanish?			
How well do you write Spanish?	48 %	22 %	30 %
How well do you speak English?	70%	22 %	8 %
How well do you read English?	70%	22 %	8 %
How well do you write English	79%	17 %	4 %
	Spanish	English	Either
Which do you prefer to speak?	66 %	7 %	27 %

TABLE 5

Number of Living Children:

0	22 %
1	8 %
2	12 %
3	7 %
4	9 %
5	8 %
6 +	34 %

TABLE 6

Frequency of Visiting with Children and Their Families:

No living relatives	11 %
6 to 7 times per week	19 %
3 to 5 times per week	11 %
1 to 2 times per week	30 %
2 to 3 times per month	7 %
One timer per month	8 %
Less than once per month	8 %
Never see children and their families	6 %

TABLE 7

Frequency of Contact with Siblings and Friends:

	Visits with Siblings and Their families	Talk to Relatives by phone	Visit Unrelated Friends
None living	11 %	5 %	7 %
6 to 7 times per week	5 %	11 %	5 %
3 to 5 times per week	3 %	8 %	18 %
1 to 2 times per week	14 %	29 %	7 %
2 to 3 times per month	12 %	9 %	14 %
One time per month	6 %	7 %	10 %
Less than once per month	18 %	13 %	38 %
Never	32 %	18 %	1 %

TABLE 8

How well can yo do the following activities:

	Easy	Difficult	Impossible
Eat at the table	85 %	11 %	4 %
Dress self	77 %	19 %	4 %
Bathe self	73 %	18 %	9 %
Cook	53 %	29 %	18 %
Clean house	45 %	27 %	28 %
Go out of House	57 %	31 %	12 %
Buy Groceries	45 %	29 %	26 %
Shopping	36 %	33 %	31 %

TABLE 9

Do You have any of the following problems?

	YES	NO
Asthma	7 %	93 %
Emphysema	17 %	83 %
High Blood Pressure	43 %	57 %
Heart Trouble	29 %	71 %
Diabetes	24 %	76 %
Ulcers	6 %	94 %
Other Stomach problems	11 %	89 %
Arthritis or Rheumatism	45 %	55 %
Other	20 %	80 %
No Health Problems	27 %	

TABLE 10

	YES	NO
Can you see well enough without glasses to recognize a person's face?	48 %	52 %
IF NO:		
Are you seeing a doctor, wearing glasses, or otherwise treating the condition by prescription?	44 %	20 %
Have you made an effort to obtain this type of service through public agency, ie., Medicare, Medicaid, etc.?	36 %	27 %
Are your teeth in good enough condition to eat regular food?	40 %	60 %
IF NO:		
Are you seeing a dentist, wearing dentures, or otherwise treating the condition by prescription?	23 %	40 %
Have you made an effort to obtain this type of service through any public agency, ie., Medicare, Medicaid, etc.,?	22 %	40 %
Do you hear well enough for regular conversation?	78 %	22 %
IF NO:		
Are you seeing a doctor, wearing a hearing aid, or otherwise treating the condition by prescription?	10 %	31 %
Have you made any effort to obtain this type of service through any public agency, ie., Medicare, Medicaid, etc.,?	9 %	33 %

TABLE 11

Familiarities with Folk Illness and Their Remedies:

	KNOW ILLNESS	KNOW WHERE TO FIND REMEDY
Mal de Ojo (Evil Eye)	81 %	51 %
Empacho (Unclean Digestive System)	85 %	62 %
Susto (Fear)	86 %	54 %
Mal Puesto (Hexed)	56 %	12 %
Aire (Cold Aire in Chest)	69 %	54 %

TABLE 12

Familiarity with Medicinal Herbs:

	KNOW HERB	KNOW WHERE TO FIND HERB
Yerba Buena	99 %	88 %
Manzanilla	79 %	63 %
Hoja Se	76 %	57 %
Borraja	56 %	43 %
Estafiate	91 %	83 %
Gobernadora	51 %	41 %

TABLE 13

If a relative were having psychological problems of anxiety, nerves, or depression, who's assistance would you prefer?

Family Member	20 %
Friend in Neighborhood	4 %
Priest or Minister	23 %
Private Doctor	43 %
Public Menatl Health Counselor	10 %

TABLE 14

Do you know generally what services are offered by the following programs?

	YES	NO
Food Stamps	77 %	23 %
Social Security	90 %	10 %
Medicare	89 %	11 %
Medicaid	89 %	11 %
Meals on Wheels	32 %	68 %
Bus I.D. Card	40 %	60 %